

# GENERAL INFORMATION FORM WIRELESS ENHANCED 911 GRANT CALENDAR YEAR 2007

GOVERNOR'S USE ONLY Date Received: _____		Application Number: _____	
<b>APPLICANT IDENTIFICATION</b>			
Agency Name: _____			
Address: _____			
City: _____		State/Zip: _____	County: _____
Website: _____		Federal Employer Identification Number: _____	
<b>PRIMARY CONTACT FOR PROPOSED GRANT PROJECT</b>			
(The primary contact listed will receive <b>ALL</b> correspondence from this office.)			
Name: _____		Title: _____	
Telephone: (    ) _____		Fax: (    ) _____	EMAIL: _____
<b>FISCAL OFFICER</b>			
Name: _____			
Telephone: (    ) _____		Fax: (    ) _____	
<b>PROGRAM INFORMATION</b>		<b>Funding Period: From January 1, 2007 to December 31, 2007</b>	
Brief description of proposed grant project: _____			
City or County in which proposed grant project will operate: _____			
Population of service area served by PSAP: _____			
911 Wireline User Fee Collected per subscriber account: _____			
911 Wireline User Fee Total Amount Collected prior year (Jan - Dec): _____			
E911 Wireless User Fee Total Amount Collected (Jan - Dec): _____			
Total # of Incoming Wireline Trunks: _____			
Total # of Incoming Wireless Trunks: _____			
Number of PSAPs served by this grant application: _____			
Number of Dispatchers per PSAP: _____			
Total Estimated Volume of 911 Calls (most recent 12 mos): _____			
If possible, separate wireline and wireless, otherwise report total.		<b>WIRELINE</b>	
		<b>WIRELESS</b>	
		<b>TOTAL</b>	
What type of 911 service will be accomplished by this grant award? (Please specify below)			
_____ Enhanced _____ Phase I _____ Phase II _____ Maintenance/Recurring Costs			
Kansas Wireless Enhanced 911 Grant Request (Dollar Amount) for 12-month period:			\$ _____
Amount of other funds being used for E911 project:			\$ _____